

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589796

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
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14		13				
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25		24				
26		25				
27		26				
28		27				
29		28				
30		29				
31		30				
32		31				
33	1					
34		1				
35		2				
36		3				
37		4				
38		5				
39	1					
40		1				
41		2				
42		3				
43		4				
44		5				
45		6				
46		7				
47		8				
48		9				
49		10				
50		11				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		2				
53		3				
54		4				
55		5				
56		6				
57	1					
58	1					
59		1				
60		2				
61		3				
62		4				
63		5				
64		6				
65		7				
66	1					
67	1					
68	1					
69		1				
70		2				
71			1			
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
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148						
149						
150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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197						
198						
199						
200						
TOTAL IND.		↓	12	↓		↓
TOTAL DEP.		←	42	←		←
TOTAL CLAIMS			54			